

# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/980173

## CLAIMS AS FILED - PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	8	20	=
Independent (37 CFR 1.16(b))	2	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			=
Independent (37 CFR 1.16(b))			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			=
Independent (37 CFR 1.16(b))			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**09/980173**

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>		
<b>FOR</b>	<b>NUMBER FILED</b>	<b>NUMBER EXTRA</b>
<b>TOTAL CHARGEABLE CLAIMS</b>	<b>7</b> minus 20 =	
<b>INDEPENDENT CLAIMS</b>	<b>3</b> minus 3 =	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/>		

**SMALL ENTITY TYPE** ☐

**OTHER THAN SMALL ENTITY**

<b>RATE</b>	<b>FEE</b>	<b>OR</b>	<b>RATE</b>	<b>FEE</b>
BASIC FEE	355.00		BASIC FEE	215.00
X5 0-			X510-	
X40-			X30-	
+135-			+270-	
<b>TOTAL</b>		<b>OR</b>	<b>TOTAL</b>	<b>270</b>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**5/13/05 CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

<b>AMENDMENT A</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PAYMENT EXTRA</b>
	11	20	0
	3	3	0
	<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>		

**SMALL ENTITY** ☐

**OTHER THAN SMALL ENTITY**

<b>RATE</b>	<b>ADDITIONAL FEE</b>	<b>OR</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
X5 0-			X510-	
X40-			X30-	
+135-			+270-	
<b>TOTAL ADDIT. FEE</b>		<b>OR</b>	<b>TOTAL ADDIT. FEE</b>	

**10-28-05** (Column 1) (Column 2) (Column 3)

<b>AMENDMENT B</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PAYMENT EXTRA</b>
	7	20	0
	2	3	0
	<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>		

<b>RATE</b>	<b>ADDITIONAL FEE</b>	<b>OR</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
X5 0-			X510-	
X40-			X30-	
+135-			+270-	
<b>TOTAL ADDIT. FEE</b>		<b>OR</b>	<b>TOTAL ADDIT. FEE</b>	

**1-13-06** (Column 1) (Column 2) (Column 3)

<b>AMENDMENT C</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PAYMENT EXTRA</b>
	7	20	0
	2	3	0
	<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>		

<b>RATE</b>	<b>ADDITIONAL FEE</b>	<b>OR</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
X5 0-			X510-	
X40-			X30-	
+135-			+270-	
<b>TOTAL ADDIT. FEE</b>		<b>OR</b>	<b>TOTAL ADDIT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.